Children's Emergency Detention and Crisis Stabilization Services (CEDCS) Workgroup

NOTES
August 17, 2018
1:00 pm – 3:00 pm

I. Welcome New Members and Introductions

Attendees: Joyce Allen (DHS), Jonelle Brom (DCF – phone), Michael Christopherson (DHS), Patrick Cork (DHS), Kimberlee Coronado (CIP), Sarah Coyle (DHS), Rachel Currans-Henry (DHS), Oriana Eversole (OCMH), Linda Hall (WAFCA), Elizabeth Hudson (OCMH), Andrea Jacobson (DHS), Ryan Jennissen (Madison Policy Dept), Cindy O'Conell, Erin Sarauer (WMHI), Teresa Steinmetz (DHS), Molly Kloehn (DHS), Emily Tofte (DCF), Nathan Bollhorst (DOA)

II. The Problem: Winnebago Mental Health Inst. – Youth Emergency Detentions

Erin Sauer reviewed data on youth ED admissions to Winnebago MHI. The CEDCS group is using the WMHI ED data to monitor the effectiveness of a variety of activities that have been put into place to reduce these numbers.

- Length of stay for adults and children is plateauing.
- Admissions for youth and adults are continuing to trend up; the average daily admissions are around 10 for youth and adults. (There are dips in the summer and the admissions rise during the school year.)
- Youth unit is the busiest in the institute.
- Kids are admitted directly from school.

Themes:
Parents of children between the ages of 6 and 9 are having kids detained at WMHI. By the time they arrive to WMHI, they are no longer in dysregulated stress. It was reported that some parents see this call to the police as a way to access services, i.e., police involvement is a question on the Functional Screen.

What can be done?

- Officers with better training can recognize emotional issues and coach the parents on more effective responses.
- Alternative locations for kids to go (rather than Winnebago).
- Providing parents with assistance and / or respite.
- Partner with schools.

Children at WMHI with developmental disabilities are having higher readmission rates.

DHS, Long Term Care reports that a new incident reporting system should be up in 2019 which will lead to earlier identification of youth/families in need of support. DHS, LTS is also providing trainings on supportive case management to counties.

Private hospitalizations: Improve support provided by private hospitals - Kimberlee Coronado reported about her son's 14 day stay at WMHI. They put strong plans in place. Had this been done during her son's private hospital stays, other hospitalizations could have been prevented.

Increased number of WMHI readmissions: The readmission rate is at 12%. A new committee at WMHI called the *Readmission Commission for Winnebago* has formed to address this issue.

III. Possible Solution: Youth Crisis Stabilization Facility

DHS, Division of Care and Treatment Services staff are writing the rules which will be completed by December 2018. They are working with an advisory committee and an internal workgroup. There will be 8 or fewer beds per facility for youth 17 years old and younger; the number of facilities will be decided by DHS.

IV. Possible Solution: County Crisis Trainings / BHTP

The Behavioral Health Training Partnership (BHTP) has expanded membership (or partial membership) to all counties and is providing crisis training locations around the state. Erin reports that the trainings are excellent and helpful.

The BHTP worked with Winnebago and other counties on the Collaborative Crisis Interventions for Youth Grant. Winnebago County has had such success with In Home Safety Services that diversion beds may not be pursued.

There are two diversion beds in Brown County (private foster home) and another home has been recruited. Advocates for Healthy Transitional Living are creating role clarification and other guidelines.

V. Possible Solution: Kids with Complex Needs Workgroup

WAFCA and WCHSA have submitted recommendations to DHS and DCF. Please contact Linda Hall for copies of the report.

VI. Possible Solution: Crisis Intervention Learning Collaborative

The DHS, Division of Care and Treatment Services in partnership with DCF will issue grants to counties to implement on-site / in-home crisis stabilization services.

VII. Possible Solution: Quality Improvement

The DHS, Division of Care and Treatment Services continues to contract with NIATX on quality improvement projects related to psychiatric hospitalizations and emergency detentions. Participating counties develop a quality improvement plan for the year that supports the larger goals of reducing hospitalizations and emergency detentions. DCTS is also developing a quality improvement toolkit.

VIII. Possible Solution: Improved Law Enforcement Responses

Law enforcement Crisis Intervention Team (CIT) trainings are provided throughout the state.

Madison PD is adding more mental health officers and crisis workers. Recruits coming out of the academy have 100 hours of mental health training.

One county reports that the police officers are facilitating EDs that may not be necessary. Schools in partnership with the police are the origin of many youth EDs.

Kimberlee is involved with a training called Safe and Sound to train police officers on how to handle situations with children with autism.

Rock County has developed crisis plans in collaboration with youth and families – these plans can be accessed by responding officers.

Follow Up:

1. The OCMH will look at the county youth ED data to identify positive and negative trends.
2. The OCMH will reconvene the CEDCS in January 2019 to review data and provide updates.
3. Other ideas mentioned with no identified follow-up:
    a. Private hospitals' role in youth EDs across WI and difficulty in general with admissions
    b. Parent Peer Specialist's role in crisis intervention
    c. Planned respite for parents who need a break
    d. County administrators need for training in order to bill MA for crisis intervention / stabilization services
    e. Families First Act's role in prevention
    f. What should "treatment centers" look like? PRTF? QRTF?